

New Jersey Department of Health and Senior Services

**New Jersey Medicaid Program
Title XIX (Medicaid)**

**PROVIDER AGREEMENT
BETWEEN**

**NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES
AND**

(Provider)

PROVIDER AGREES:

1. To comply with all applicable State and Federal Medicaid laws and policies, and rules and regulations promulgated pursuant thereto;
2. To keep such records as are necessary to fully disclose the extent of services provided to individuals receiving assistance under the Medicaid Program;
3. To furnish the Department of Health and Senior Services, Department of Human Services, Division of Medical Assistance and Health Services and the Secretary of Health and Human Services with such information as may be requested from time to time, regarding any services rendered and any payments claimed for providing services under the Medicaid Program;
4. To comply with the requirements of Title VI of the Civil Rights of 1964 and Section 504 of the Rehabilitation Act of 1973 and any amendments thereto;
5. To comply with Section 1909 of P.L. 92-603, Section 242(c) which makes it a crime for persons found guilty of making any false statement or representation of a material fact in order to receive any benefit or payment under the Medicaid Assistance Program. (The Department of Health and Senior Services is required by Federal regulation to make this law known and to warn against false statements in an application/agreement or in a fact used in determining the right to a benefit, or for converting a benefit to the use of any person other than one for whom it was intended).
6. To comply with disclosure requirements specified in 42 CFR 455.100 through 42 CFR 455.106.
7. The provider may, on thirty (30) days written notice to the Department of Health and Senior Services, terminate this Agreement.

[Name of Provider (Print)]

(Title)

(Date)

(Signature of Provider)

[Name of NJDHSS Representative (Print)]

(Title)

(Date)

(Signature of Authorized NJDHSS Representative)